

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35163

Registration District No. 3948

Primary Registration District No. 6076

Registrar's No. 2549

1. PLACE OF DEATH: St. Louis
(a) County Ballwin
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Ballwin, Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Meyer MARCUS
3. (b) If veteran, name war.
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased May 16 1882 (Day) (Year)

8. AGE: Years 66 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Russia (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

12. Name Benj. Marcus
13. Birthplace Russia (City, town, or county) (State or foreign country)
14. Maiden name Rachel Meyer
15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. Marcus
(b) Address Ballwin, Mo.

17. (a) Burial (b) Date thereof 11/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Beth. Ham. Hag.

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) 11-1-48 (b) Cecil A. Z. Sharp, M.D. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Ballwin, (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 31 year 1948 hour 6 minute 55 a.m.

21. I hereby certify that I attended the deceased from October 4, 1948, to October 31, 1948, that I last saw him alive on October 30, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of the descending colon with metastases to secondary lymph nodes and to liver
Due to Coronary Disease

Due to
Other conditions (Include pregnancy within 3 months of death)
462

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Henry F. Scott (M. D. or other) M.D.
Address Ballwin, Mo. Date signed 11/3/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

David Ludwig

Licensed Embalmer No.

4229

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above: